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B. INDEXING DATA

14. SUBJECT AREA

15. TYPE OF ENDEAVOR
forms

16. INDEXING TERMS (6-12)

type of neighborhood	parents' occupation	educational levels	
home conditions	cultural opportunities	family income	
educational opportunities	parental attitudes	home calls	compensatory education
	family structure	field trip	Fresno, California
	Compensatory Education Program		

17. ABSTRACT (MAX. 250 WORDS)

Procedures for making a home call for Compensatory Education were presented. These included evaluating the type of neighborhood, the conditions of the home, the educational and cultural opportunities in the home, the family use of leisure time, and the parental attitudes on education and culture.

The application for participation in CEP requested information regarding occupations and educational levels of the parents, the family structure, type of housing, and yearly family income.

The request for a study trip (field trip) included such items as the purpose of the trip, its relation to classwork, the number of students involved, transportation facilities, and parental participation.

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18. SOURCE OF ABSTRACT

C. FUNDING DATA

19. SUPPORTING ORGANIZATION

20. DIVISION OR DEPT.

21. CONTRACT NO.
PROJECT NO.

22. TOTAL COST OF PROJECT

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U.S. Department of Health, Education, and Welfare
Office of Education

ERIC Form 1

Fresno City Unified School District

"Guidelines for Making a Home Call"

Certain procedures should be followed in making a home call for Compensatory Education. These procedures are listed below in order to make the home call meaningful and beneficial to all concerned. Keeping in mind that the main objective is to make observations in the home so that it may help to determine if the home is truly culturally disadvantaged.

I. Type of neighborhood

1. Appearance of front and back yards: Please check ✓
   Bad___ Good___ Excellent___
2. Physical condition of home, outside and inside: Please check ✓
   Bad___ Good___ Excellent___
3. Please comment on how this home compares with immediate neighborhood.

II. Conditions of Home

1. Size of the house - number of rooms____
   number of bedrooms____
2. Bathroom facilities: Please check ✓
   Inside____
   Outside____
   Number of families using bathroom____
3. General Comments

III. Educational and Cultural opportunities in the home: Please check ✓

1. Is there a TV set in the home? ☐ Yes ☐ No
2. Is there a radio in the home? ☐ Yes ☐ No
3. Does family subscribe to Daily newspaper? ☐ Yes ☐ No
4. Does family subscribe to magazines? ☐ Yes ☐ No

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U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF EDUCATION

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5. Educational materials in the home for children. (Please circle)
Pencils, books, dictionary & encyclopedia, blank paper, other_____
_____.

6. Cultural opportunities (Please circle)
Participation in civic affairs such as: P.T.A., concerts, public lectures, church affairs, clubs, and others_____.

IV. Family use of leisure time - (Please circle)
Movies, hobbies, picnics, TV, church, others_____
_____

V. Parental attitude in home about education and culture.

1. How does this family feel about education?

2. If educational opportunities present themselves, would the family be interested?

3/25/64

Made up of a sub committee of citizens

Fresno City Unified School District

"Application for Participation in CEP"

Child _____ Birth Date _____

Address _____ Age _____

Telephone _____

Names of family in home:

Father _____

Mother _____

Grandmother _____

Grandfather _____

CHILDREN	Birth Date	Ages of Children

OTHERS IN FAMILY

Present occupation of father _____

Present occupation of mother (if working) _____

III. Yearly Family Income $_____

IV. Sources of income (please check) ✓

a. Public Welfare ☐ Kind_____

b. Social Security ☐

c. Unemployment ☐

d. Other_____

V. Education:

1. Education of Father - (Please check the highest grade completed)

☐ 1-5 ☐ 6-9 ☐ 10-11 ☐ 12 or more

2. Education of Mother - (Please check the highest grade completed)

☐ 1-5 ☐ 6-9 ☐ 10-11 ☐ 12 or more

VI. Transportation for the home

VII Owning (Please check) ✓

1. Own home ☐ Cost of home $_____
2. Renting ☐ Amount of rent $_____

VIII. Car - (Please check) Yes ☐ No ☐

1. Is car available for Pre-school transportation? Yes ☐ No ☐

2. Is auto insured? Yes ☐ No ☐

3. If yes, kind of insurance _____

IX. Is it possible for you to participate in the pre-school one morning a week?

Yes ☐ No ☐

Circle the day - M T W Th F

Can you or your husband participate one evening a week?

Yes ☐ No ☐

3/25/64
emh

Made by Teachers for field (study trips)

Request for Study Trip

Date of Request_____ Date of Trip_____

Teacher or Teachers_____ Grade_____ Room or Rooms_____

Our class or classes would like to take a study trip to:

Place_____

Address_____

The purpose of this trip is to observe_____

_____

_____

This trip relates well to our study of_____

_____

The approximate number of students involved is_____

Supervision will be cared for by_____

_____

_____

Transportation is planned as follows:_____

_____

Parental participation is planned as follows:_____

_____

We plan to leave from_____ (location) at approximately_____ o'clock

and expect to return by_____ o'clock.

We plan to send home a request for parental approval on_____ (date).

Approved_____

Disapproved_____

_____
Teachers Signature